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AUTHOR	Rubin, Lawrence S.
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ABSTRACT

The Maimonides Early Childhood Health-Mental Health Prevention and Treatment Program is described. The program provides a broad range of preventive services to children who are five years of age and younger. Services are organized into Post-Natal and Pre-School Programs. The Post-Natal Program offers group education and counseling, individual psychiatric counseling, parent education groups, pediatric examinations for medical status, visual problems, deafness, neurological examinations, laboratory tests for inborn errors of metabolism, and home visits. The Pre-School Program provides examinations for medical status, visual problems, deafness, group neurological examinations, developmental screenings, psychological testing, counseling, and parent education groups. (DP)

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ABSTRACT

The Maimonides Early Childhood Health-Mental Health Prevention and Treatment Program provides a broad range of preventive health-mental health services to children who are five years of age and younger. These services are organized into Post-Natal and Pre-School Programs.

The Post-Natal Program provides group education and counseling, individual psychiatric counseling, parent education groups, pediatric examinations for medical status, visual problems, deafness, neurologic examinations, laboratory tests for inborn errors of metabolism, and home visits.

The Pre-School Program provides examinations for medical status, visual problems, deafness, group neurological examinations, developmental screenings, psychological testing, counseling, and parent education groups.

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EARLY CHILDHOOD HEALTH--MENTAL HEALTH PREVENTION AND TREATMENT PROGRAM

Lawrence S. Rubin, Ph. D., Director

Presented at the Community Mental Health Programs for Children Panel;
American Psychiatric Association May 8, 1973

The Maimonides Early Childhood Health--Mental Health Prevention and Treatment Program provides comprehensive Bio-Psycho-Social preventive and treatment services to children who are five years of age and younger. Our goal has been to initiate a preventive approach at an age when it will be most effective, and will enable treatment to begin before a handicap has severely disabled the child and other complications have arisen.

In order to avoid fragmentation of patient care, and to deliver integrated comprehensive services, our program is jointly sponsored by four departments of the Medical Center: The Department of Psychiatry, The Department of Community Medicine and Community Health Services, The Department of Pediatrics, and The Department of Obstetrics and Gynecology. Meetings are held weekly with the Directors of these departments. The week's activities are reviewed, the program is re-evaluated, and each Director makes continued arrangements for the further integration of his staff into our program so that we can continue to deliver efficient, coordinated, and comprehensive patient care services.

These services are organized into Post-Natal and Pre-School programs. The Post-Natal program serves the families of children from birth to three years of age. Two staff members assigned to the maternity wards of the Medical Center visit the wards daily to meet and counsel new mothers. This enables us to enroll and effectively follow a new infant from birth by orienting parents to the program, initiating mental health and child care discussions, and offering further services such as Parent

Education Groups. At the present time, all of the service patients, or patients without private physicians, on the maternity wards are contacted and 70% continue in our program.

The following services are offered by the Post-Natal program:

1. Group education and counseling, where parents meeting in groups are given the training necessary to help their own child. A Physical Development Curriculum for mothers, and an Infant Enrichment Curriculum for mothers are used in training. Procedures which have already been tested over a period of time and are supported by the research literature as being reliable, helpful, and valid were used as guidelines in planning our Infant Enrichment Curriculum. Our curriculum specifies appropriate enrichment behaviors and includes a detailed presentation of materials and instructions which can be easily communicated to parents.

2. Portions of the Cattel, and the Bayley Infant Scales of Psychomotor and Mental Development are used by the mothers as a guide to the systematic education of babies as specified by the various students of early child development. For each sensory-motor, perceptual functioning skill of the infant, the parents are taught the entry behavior, the learning sequence, and the terminal behavior. These learnings are made more meaningful through films and observations of actual infant behavior. These teachings are also reinforced through the mother's presentation of her own child to the group, and by the discussion and instruction which follows the presentation. Home visits by trained paraprofessionals and volunteers are made weekly to those families who require additional assistance. Therapeutic techniques, enviornmental

manipulations, and additional individualized instruction are provided to help the mother improve her teaching style, communication style, language control techniques, and direct tutoring of the child.

3. Individual psychiatric counseling is provided in the maternity wards to mother suffering from depression following delivery or from psychiatric problems. Attending physicians and house staff contact the Children's Program, and a member of our staff begins treatment where necessary. Treatment is continued following discharge and the mother is enrolled in a Parent Edcuation Group. Those mothers who require long term psychiatric treatment are referred to treatment teams of the Community Mental Health Center, and these parents are also enrolled in a Parent Education Group.

4. Other services of our Post-Natal program include Pediatric examinations for medical problems, visual problems, and auditory problems. Laboratory tests for inborn errors of metabolism, diagnostic testing, and follow-up evaluations and testing. Most of these examinations are conducted in Nursery Schools, Day Care Centers, and storefronts in the community, and referrals are made to the spcialty clinics of the Medical Center where necessary.

5. We also provide telephone service for mental health and medical problems.

6. Trained and specialized Children's Program staff are members of the treatment teams of the following Outpatient Department clinics of the Medical Center: The Well-Baby Clinic, Premature Clinic, Sick-Baby Clinic, and the Pediatric Neurology Clinic. Preventive mental health practices such as answering parents' questions regarding child management, minor emotional problems,

or normal behavioral problems are shared with the attending physicians, residents, interns, nurses and receptionists at these clinics. Residents are being taught to conduct cognitive and developmental evaluations; these evaluations will become part of the routine pediatric examination in the near future.

Our Pre-School program is serving children who are four and five years of age. The following vital functions are currently provided by this program:

1. We are currently screening pre-school children for vision, hearing, mental retardation, brain injury, perceptual-motor problems, language-code problems, and emotional problems in the Nursery Schools, Day Care Centers, Yeshivas, Catholic Schools, Head Start Programs, Public and Private Schools in the community. Children are screened with a battery of objective tests administered by Child Health Workers. Our Pediatrician reviews the history of each child and examines each school child for medical problems.

2. Our Pediatric Neurologists administers "group neurological examinations" to all pre-school children as a preventive screening measure. Six to eight children are screened at one time in a specially designated room of an institution. Approximately 28 to 35 youngsters are screed during a two hour session. We know of no other program that offers preventive group neurological screening evaluations to young children in community settings. We have found this procedure to be an inexpensive and efficient means for the early detection of neurological problems. Teachers are counseled following these evaluations on how to help and manage

very active or disruptive children who are not suffering from neurologic deficits.

3. Urine specimens for laboratory analysis are also collected from each child to screen for diabetes.

4. Children found to be at high risk in any area of functioning, on the basis of screening and evaluations, are further examined by our pediatrician, psychologists, and/or neurologist.

5. Treatment planning conferences are held for children who have, or are likely to develope a handicapping condition -- physical, mental, or emotional.

6. The parents of children whose test performances on the screening battery are six months or below age level in gross-motor development, auditory perception, perceptual motor-skills, or language skills are referred to Parent Training Groups for Sensory-motor Training, Auditory-perception Training, and Early Cognitive Training. Each parent is given the instruction and materials necessary to help his or her own child. Volunteers and Mental Health Workers work with children where it is not possible for a given parent to work with his or her own child. Psychologists and pediatricians present films, lectures, and demonstrations to the groups on a regular basis.

7. Children are also treated by our program professionals, are referred to physicians and appropriate agencies in the community, or to one of the specialty clinics at the Medical Center. A Child Mental Health Worker is assigned to each case where a referral is made so that we can be sure that the mother has kept her appointment and that appropriate treatment was received.

During the coming year, we plan to seek out and reach those high risk children who do not attend pediatric clinis or nursery schools. This will be accomplished as follows:

1. We will assign a Child Mental Health Worker to contact the families of all infants born at our Medical Center and nearby hospitals during the past two years, where Medicaid payments were involved. Volunteers will telephone and make home visits to these families. Our workers will obtain information regarding immunizations and the date of the Child's last medical examination. If the child is not currently under the regular care of a physician or medical facility, we will help bring him into our program.
2. Emergency room charts will be screened for children who were seen during an emergency, where the record indicates that the child was not receiving regular private, or clinic medical care. These families will be contacted and encouraged to join our program.

Our experience during this year suggests that our basic goals of early prevention and treatment can be effectively and efficiently applied before a handicap severely disables a child and other complications arise and that a maximum number of high risk and disadvantaged families can be reached, motivated, and helped through the decentralized provision of services at our Center and in the community.

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